POSITION		ID NO.	DATE
CLASSIFIER		49	4/19/96
EXAMINER			
TYPIST		A4	5/15/96
VERIFIER			
CORPS CORR.			
SPEC. HAND			
FILE MAINT.			
DRAFTING			

BEST AVAILABLE COPY

INDEX OF CLAIMS

Claim Final	Claim Original	Date						
	1	4/9/97 ✓						
	2	✓						
	3	✓						
	4	✓						
	5	✓						
	6	N						
	7							
	8	✓						
	9	✓						
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Claim Final	Claim Original	Date						
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SYMBOLS

✓	Rejected
=	Allowed
- (Through numeral)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected